

11th September 2012

IAEM expresses concerns that recent improvements in Emergency Department overcrowding may be reversed by widespread service cuts and bed closures

The Irish Association for Emergency Medicine (IAEM) acknowledges the recent national improvements in Emergency Department (ED) overcrowding. These follow the publication of the HIQA Tallaght Report¹ in May 2012, which yet again confirmed the link between ED overcrowding and permanent deleterious effects on patients. The respite from previous record levels of ED overcrowding in many hospitals has markedly improved the care and safety of vulnerable patients.

In spite of Ireland's continual tacit acceptance of ED overcrowding, the Minister of Health, Dr. James Reilly TD, took the unprecedented step of publicly promising to abolish this public health scourge once and for all and within 6 months. Unlike previous incumbents in the role, Dr. Reilly has actively prioritised this issue. The Minister's subsequent launch of the National Emergency Medicine Programme (EMP) report in June 2012 and his very public support for this unique emergency care blueprint are significant. The efforts of the Special Delivery Unit have also helped to make inroads into reducing ED overcrowding in many hospitals, to the betterment of all patients.

The Association is acutely aware of the current financial constraints on the Irish health system but is convinced that continued investment in avoiding ED overcrowding will not only provide cost savings in purely economic terms but by providing the best, safest, timeliest and most efficient care to the most vulnerable in our society will have long term societal benefits. We therefore strongly urge the Minister not to be diverted from this important task and to resist implementing or allowing actions that will inevitably reverse the recent hard-won gains in addressing ED overcrowding. Potential threats to provision of equitable emergency patient care include bed closures; reduced funding for home care packages and community supports; diversion of monies away from the SDU and its prime focus and cuts in the provision of agency staff to maintain essential front-line services such as EDs and acute hospital wards.

Extreme care is required to ensure that vital emergency services to patients are not sacrificed to balance budgets in the short term at the cost of increased human misery and longer-term financial loss from additional medical costs caused as a result of sub-optimal early care.

1. *Report of the Investigation into the Quality, Safety and Governance of the care provided by the Adelaide and Meath Hospital, incorporating the National Children's Hospital for patients who require Acute Admission* by the Health Information and Quality Authority (HIQA).

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